



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
MOTOR VEHICLE COMMISSION
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
MANUFACTURER/DISTRIBUTOR
APPLICATION

Pursuant to the Laws of the State of Tennessee and in accordance with the provisions of Section 4, Chapter 79, Public Acts of 1955, application is hereby made for a license to conduct business in the State of Tennessee as indicated.

- ☐ Manufacturer
☐ Factory Branch
☐ Distributor or Wholesaler
☐ Distributor Branch
(Indicate only one classification.)
- ☐ RECREATIONAL VEHICLES
☐ AUTOMOBILES
(Check one)

1. Name in which business is conducted: _____

2. Address at which business is conducted: _____ Telephone _____

Street Address

City State Zip Code

3. Make or Makes of new motor vehicles dealt in:

4. Names and address of all branches, subsidiaries, affiliates or associates serving Dealers or prospective Dealers of new motor vehicles in any part of Tennessee

5. Names of all executive or sales personnel representing the Applicant who contact or supervise Dealers or prospective Dealers of new motor vehicles in Tennessee (If additional space is needed, use the back of this form or attach additional sheet).

(NOTE: All persons listed above or attached must be licensed as Representatives before engaging in such activity.)

I hereby certify that the statements in or attached to this Application are true and correct to the best of my knowledge and belief.

Date: _____

Signed _____

Title _____

E-mail Address _____

STATE OF _____

COUNTY OF _____

} §

Subscribed and sworn to (or Affirmed) before me _____, day of _____, 20____.

(SEAL)

NOTARY PUBLIC

Mail application & fee of **\$800.00** to the Tennessee Motor Vehicle Commission,
500 James Robertson Parkway—2nd Floor, Nashville, TN 37243-1153